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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Pocket Number (Optional) 032794-054911-CIP |
| In re Application of Altman et al. | | Confirmation No. 6963 |
| Application Number 10/800,134 | | Filed December 15, 2003 |
| For IMMUNONEUTRAL SILK-FIBER-BASED MEDICAL DEVICES | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and appropriate entity fee are as follows | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____ | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) | \$ _____ | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) | \$ <u>525.00</u> | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) | \$ _____ | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) | \$ _____ | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. | | |
| <input type="checkbox"/> A check to cover the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u> . I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | |
| <input checked="" type="checkbox"/> attorney or agent of record. | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | |
| <u>/Stephen R. Duly/</u> Signature | | <u>October 31, 2007</u> Date |
| <u>Stephen R. Duly (Reg. No. 56183)</u> Typed or printed name | | <u>617-345-1270</u> Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |